



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E282561**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION ☐

CASE #	13-02790
LOCAL AGENCY CODING	0864
TOTAL # OF UNITS	02
OBJECT STRUCK	

DATE OF COLLISION	11	-	05	-	2013	TIME (2400)	0720	COUNTY #	31	MILES		N	E	IN	W	OF	0864
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ON (PRIMARY TRAFFIC WAY) INTERSECTION ☒ NON-INTERSECTION ☐

91ST AVE NE	BLOCK NO.	700
	MILE POST	

DISTANCE		MILES	N	E	OF (REFERENCE OR CROSS STREET)	VERNON RD
		FEET	S	W		

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	
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LAST NAME	OSBORN	FIRST NAME	SHIRLEY	MIDDLE INITIAL	K
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STREET NEW ADDRESS	12405 8TH STREET NE
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CITY	LAKE STEVENS	ST	WA	ZIP	982580000
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	OSBORSK3540Z	STATE	WA	SEX	F	D.O.B.	MMDDYYYY	09	-	09	-	1965
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ON DUTY	STATUS	AIRBAG	2	RESTR	4	EJECT	1	HELMET USE	INJURY CLASS	1	NATURE OF INJURIES	
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LICENSE PLATE #	973YPM	STATE	WA	VIN#	1D8JB18T49F705401
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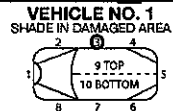
TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2009	MAKE	DODG	MODEL	DURAN	STYLE	UT	VEHICLE TOWED	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. SHIRLEY OSBORN 12405 8TH ST NE LAKE STEVENS WA 98258

LIABILITY INSURANCE IN EFFECT	<input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	SAFECO INS X5667890
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VEHICLE LEGALLY STANDING	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #		CHARGE	
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	D: 4257728248
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LAST NAME	JENNINGS	FIRST NAME	LORRIE	MIDDLE INITIAL	J
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STREET NEW ADDRESS	1021 89TH DR NE
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CITY	LAKE STEVENS	ST	WA	ZIP	982580000
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CDL	RESTRICTIONS	B	ENDORSEMENTS	
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DRIVER'S LICENSE #	JENNILJ455BC	STATE	WA	SEX	F	D.O.B.	MMDDYYYY	01	-	03	-	1955
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ON DUTY	STATUS	AIRBAG	2	RESTR	4	EJECT	1	HELMET USE	INJURY CLASS	1	NATURE OF INJURIES	
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LICENSE PLATE #	AJE3269	STATE	WA	VIN#	2HGFB2F88CH573307
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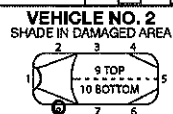
TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2012	MAKE	HOND	MODEL	CIV4D	STYLE	4D	VEHICLE TOWED	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. LORRIE JENNINGS 1021 89TH DR NE LAKE STEVENS WA 98258

LIABILITY INSURANCE IN EFFECT	<input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	AMERICAN FAMILY 2030-9233-01-35-FPPA-WA
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VEHICLE LEGALLY STANDING	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #		CHARGE	
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OFFICER'S NAME (PRINT)	KERRY BERNHARD	BADGE OR ID #	120	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E282561**

CASE # **13-02790**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)										SEX		D.O.B. MMDDYYYY					
ADDRESS & PHONE #																	
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)										SEX		D.O.B. MMDDYYYY					
ADDRESS & PHONE #																	
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)										SEX		D.O.B. MMDDYYYY					
ADDRESS & PHONE #																	
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS	NATURE OF INJURIES

NARRATIVE

On 11/5/2013 at approximately 0721 hours, Unit 2 was travelling southbound in the 700 blk of 91st Ave NE in the City of Lake Stevens. Unit 1 was stopped at the stop sign westbound Vernon Rd at 91st Ave NE. Unit 1 made a left turn from the stop sign. Unit 2 struck Unit 1. Unit 1 did not grant the right of way to Unit 2.

No injuries were reported and both vehicles were able to be driven from the scene.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

KERRY BERNHARD

11-05-13 02:03 PM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DATE

JEFF LAMBIER 104

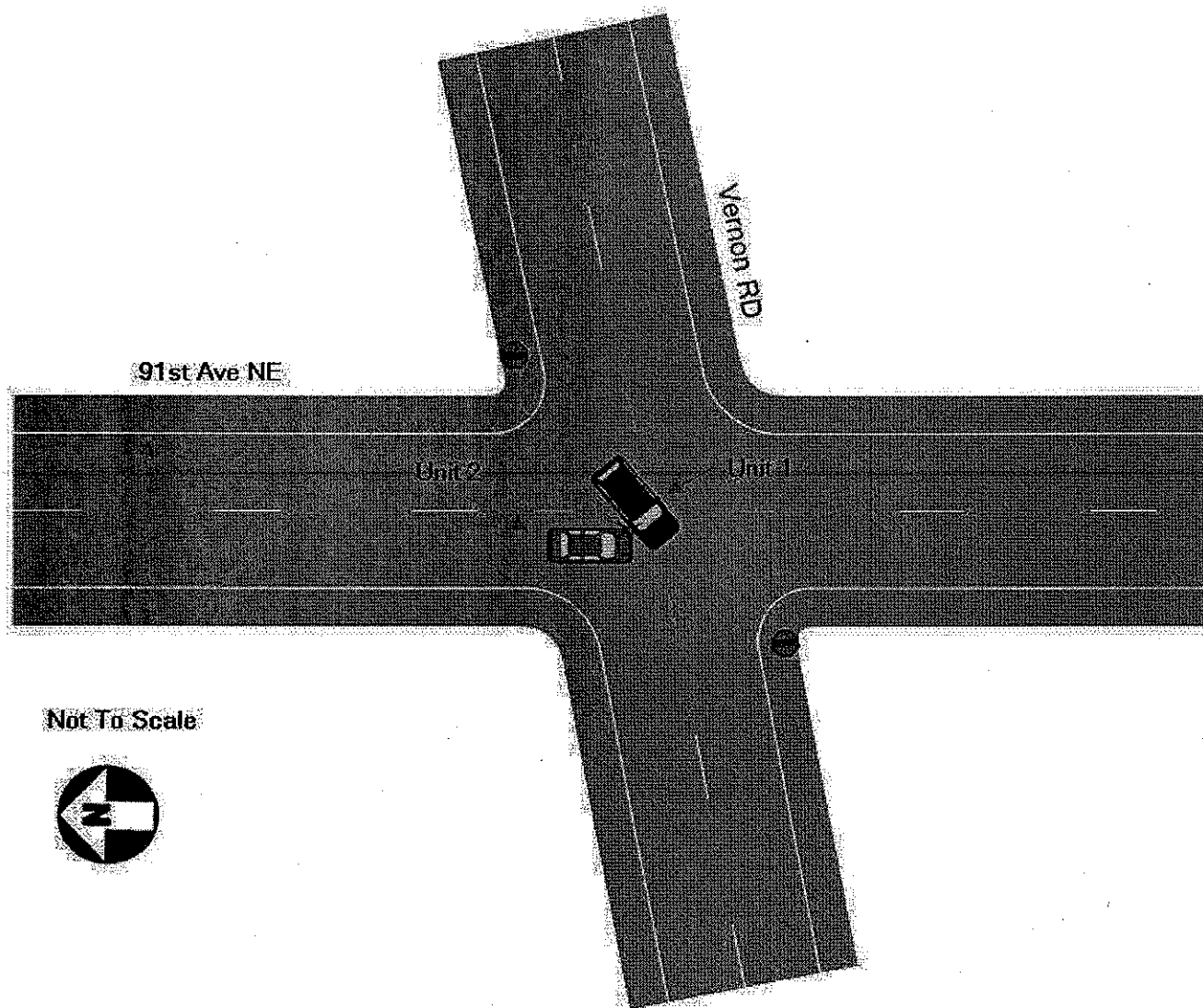
11/5/2013 9:38:32 PM

BADGE OR ID #	120	ORI #	WA0311900	TIME POLICE DISPATCHED	7:21 AM	TIME POLICE ARRIVED	7:30 AM
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REPORT NO. E282561

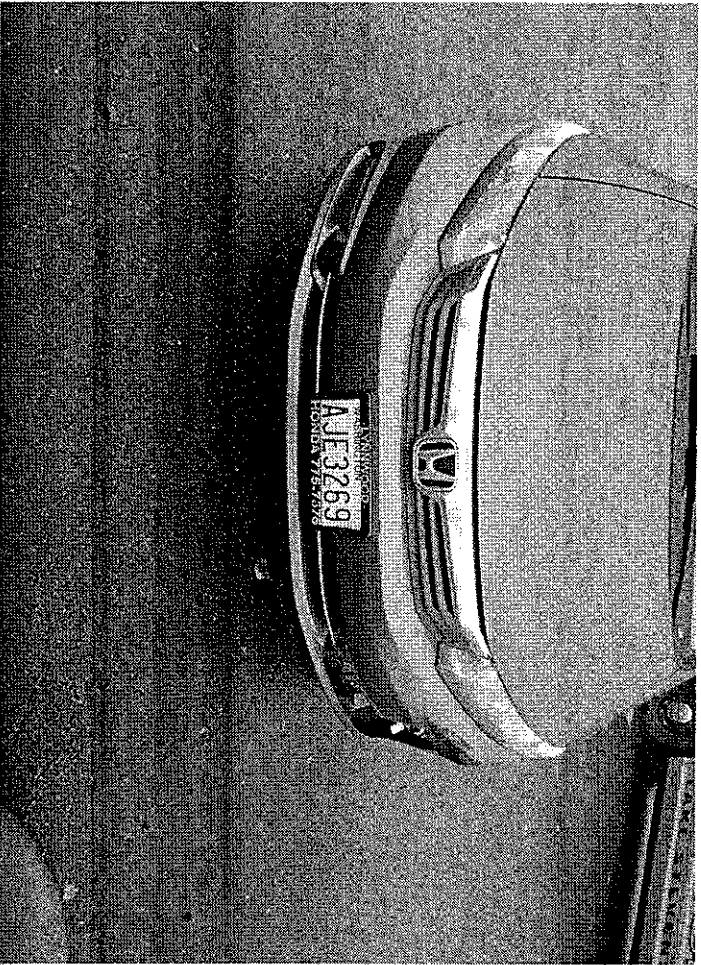
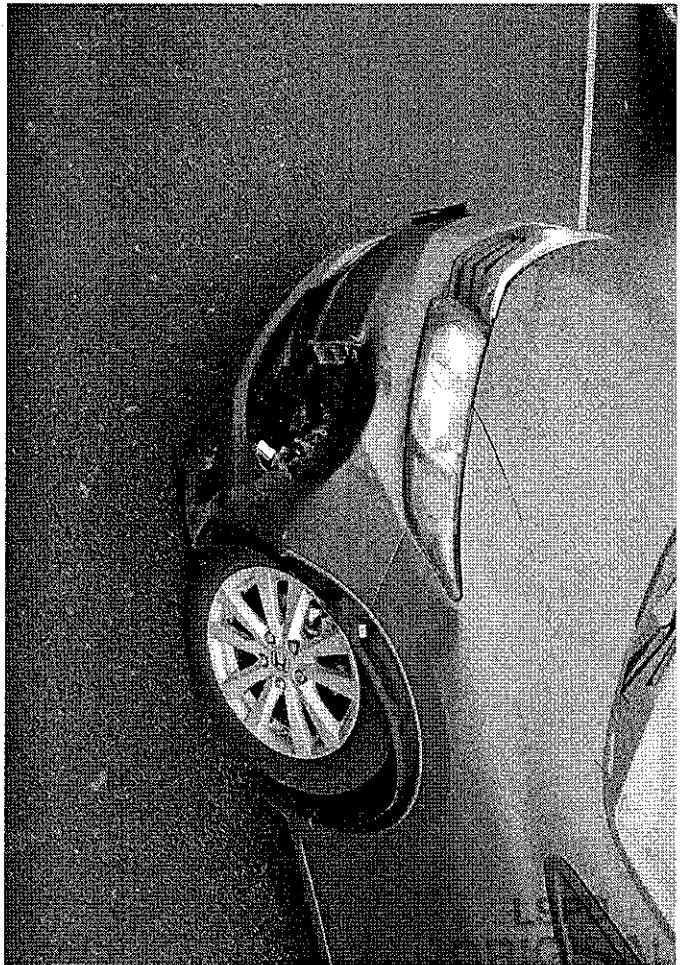
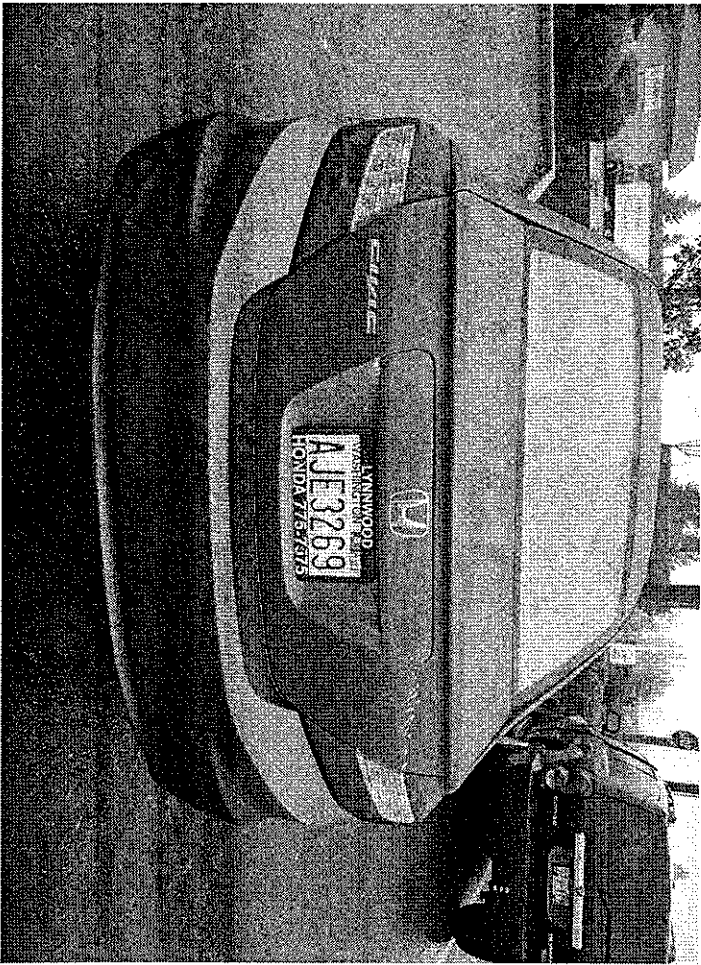
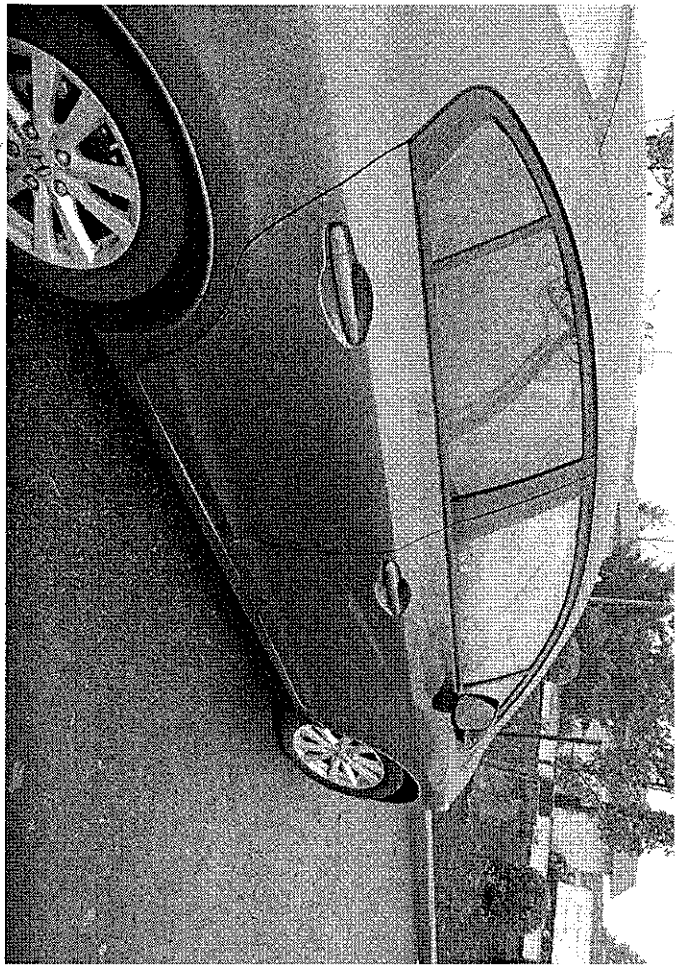
CASE # 13-02790

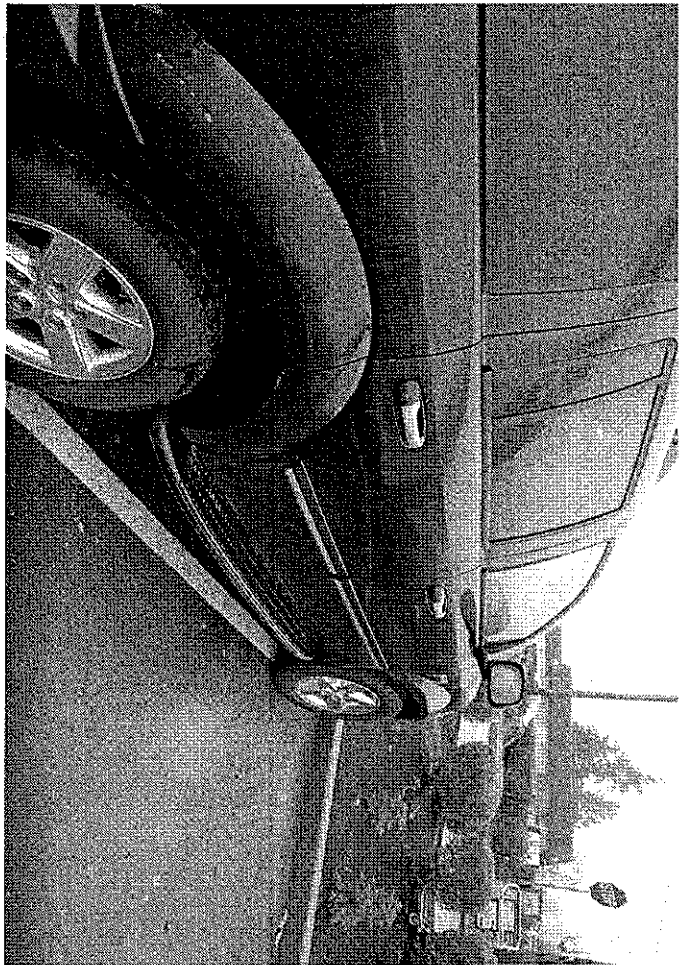
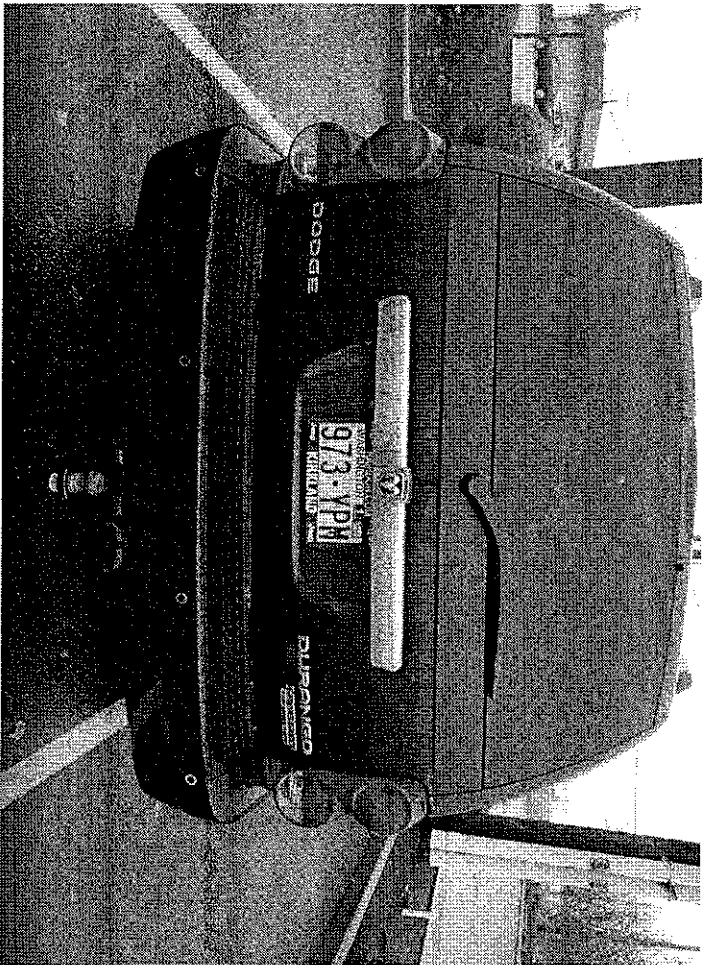
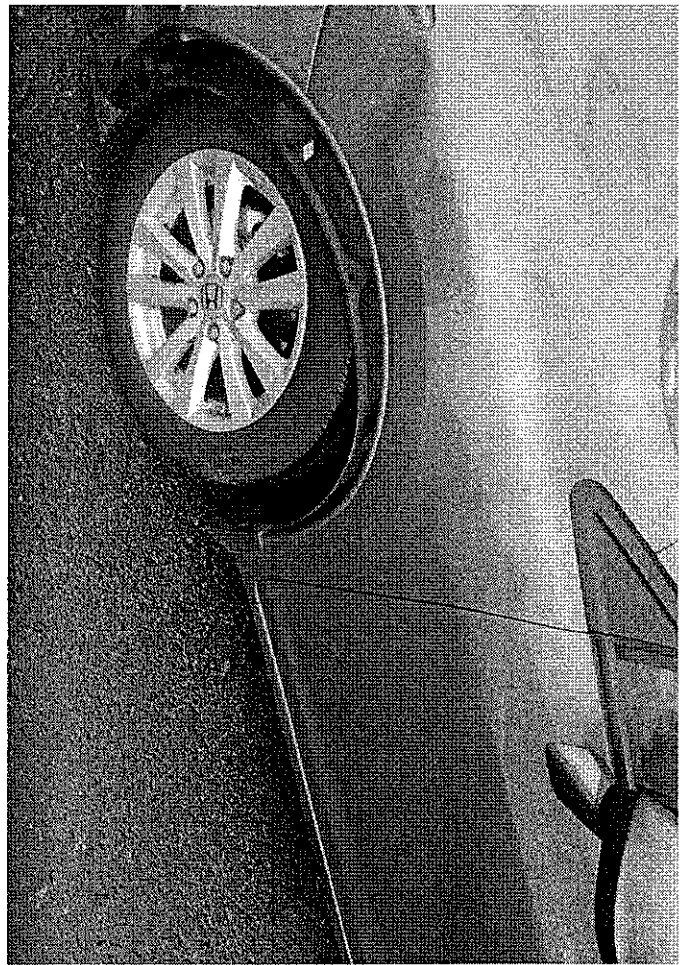
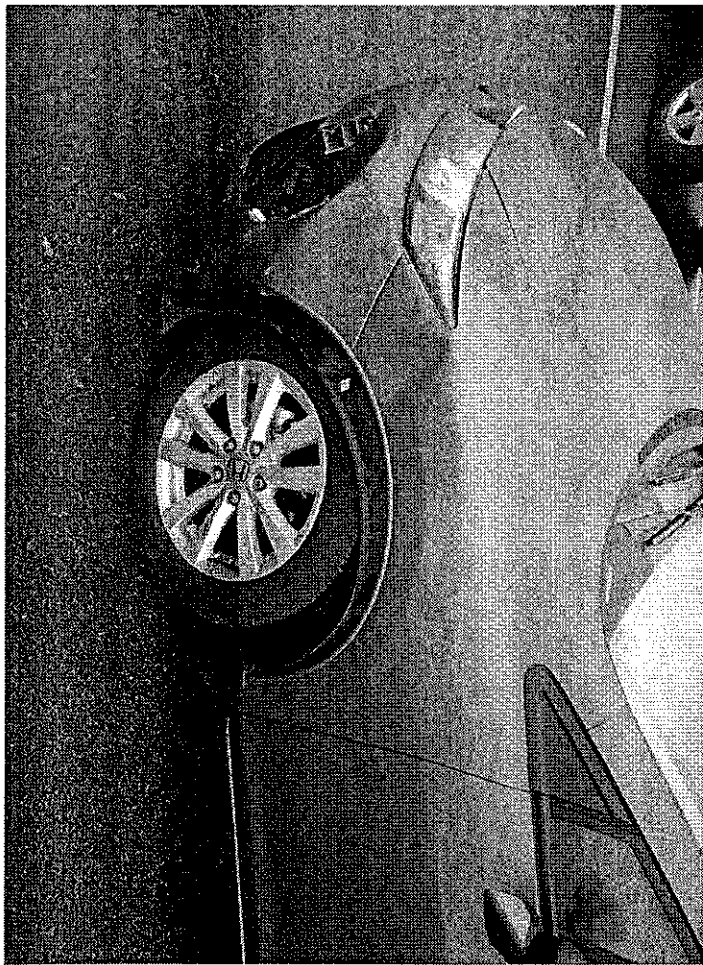
DATE AND TIME OF COLLISION 11/05/13 07:20

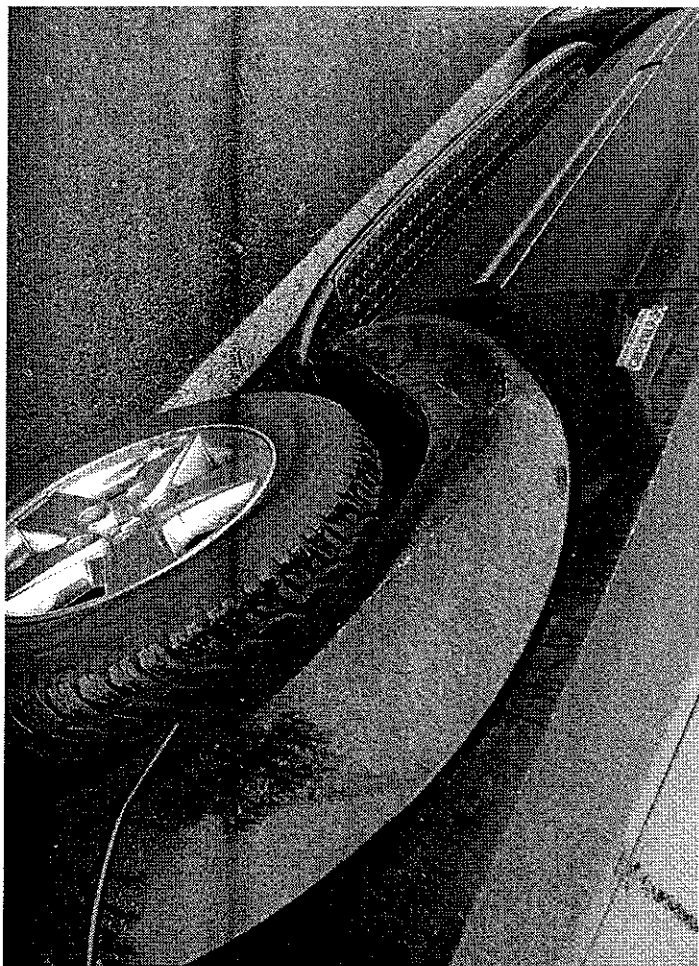
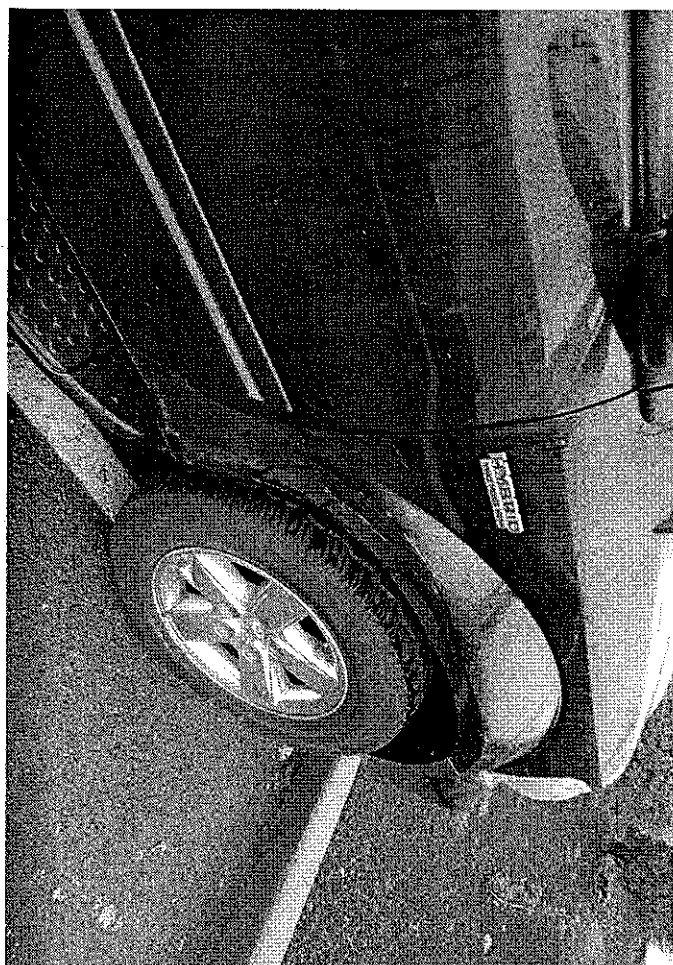
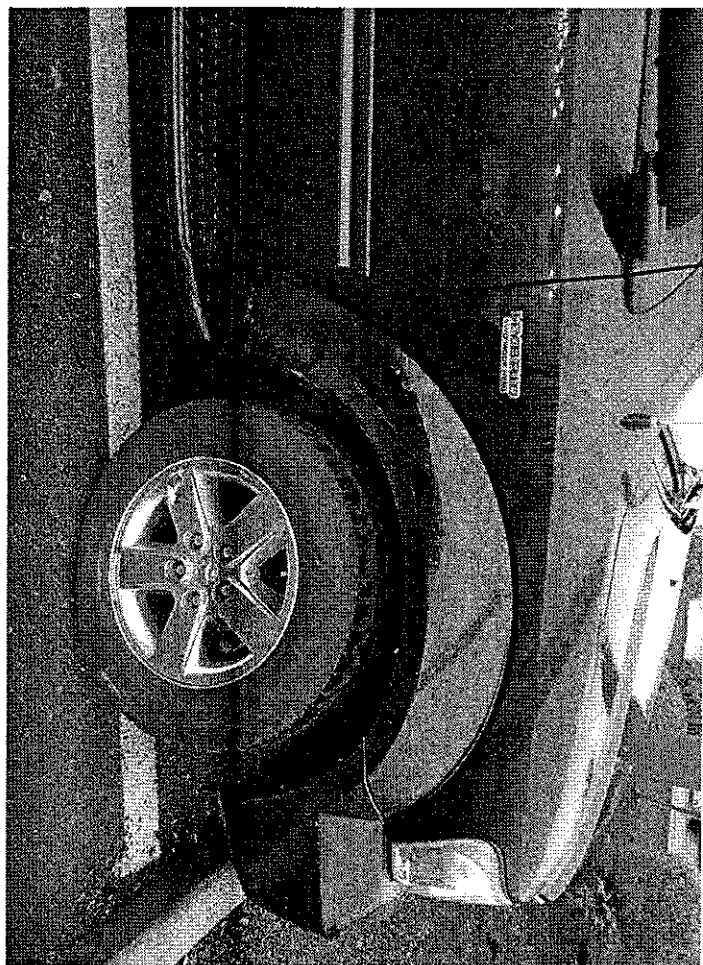


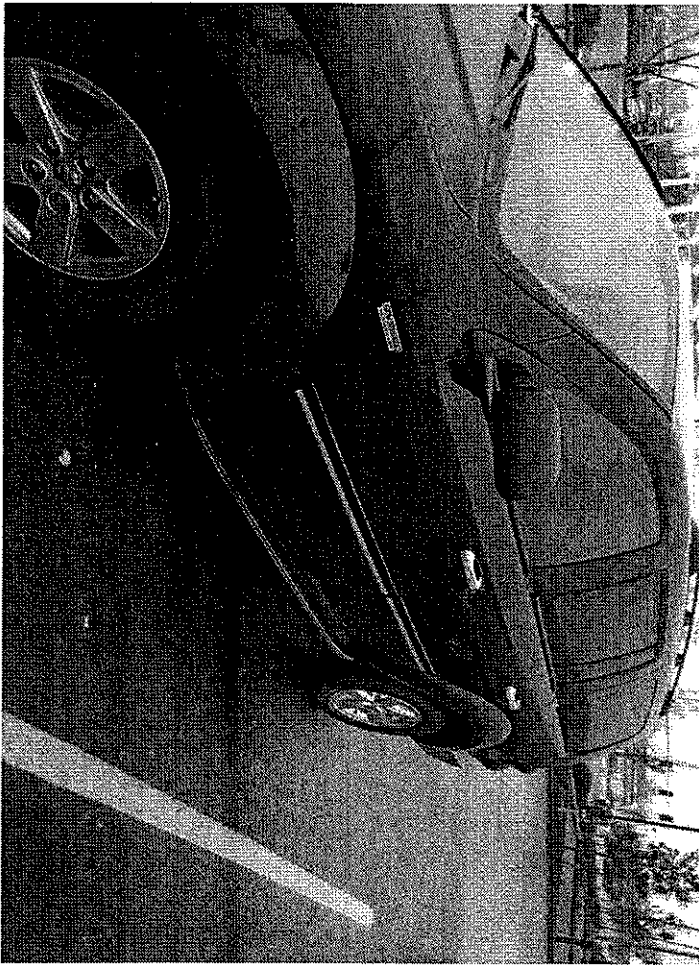
Not To Scale











LSPD
ORIGINAL

Incident History for: #SS13024367

Case Numbers: \$SS13002790

Received 11/05/13 07:20:18 BY SPCT07 SP0141
Entered 11/05/13 07:21:25 BY SPCT07 SP0141
Dispatched 11/05/13 07:21:44 BY SPSC40 SP0349
Enroute 11/05/13 07:21:44
Onscene 11/05/13 07:30:14
Closed 11/05/13 07:54:31

Initial Type: ACC Initial Alarm Level: Final Alarm Level:

Final Type: ACC (ACCIDENT, NON-INJURY OR UNKNOWN) Pri: 2 Dispo: H

Police BLK: SS002 Fire BLK: AG1518 Map Page: 377E-7 Group: SS1 Beat: WEST

Src: 9

Loc: 91 AV NE/VERNON RD ,LKS (V)

Latitude: (+) 48.002980 Longitude: (-) 122.108510

Loc Info: PULLING INTO WALGREENS P/LOT

Name: JENNINGS LORIE

Addr:

Phone: 4257728248

/0721 (SP0141) ENTRY ,CC 2 VEH NON BLKNG, GRY HONDA CIVIC & BLK SUV
/0721 (SP0349) DISPER SS1940 #SS120 BERNHARD, OFFICER (KERRY)
/0730 (SS120) *ONSCNE SS1940
/0735 REMINQ SS1940 MDTVEH, 4542UC,,WA,,,,,,,,,
/0736 REMINQ SS1940 MDTVEH, 973YPM,,WA,,,,,,,,,
/0737 *ASNCAS SS1940 \$SS13002790
/0754 *CLEAR SS1940 D/H
/0754 CLOSE SS1940

LSPD
ORIGINAL

LAKE STEVENS POLICE EVIDENCE UNIT		Primary Officer/Badge Number <i>K. BEINHARD #120</i>		Case Number <i>13-02790</i>	
Type of Crime: Felony / Misdemeanor (Circle)		Type of Case: <i>ACCIDENT</i>		Date/Time: <i>11-5-13 1806</i>	
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING		*Evidence will be held until court disposition or when the Statute of Limitations has expired *Found and Safekeeping will be held for 60 days or 60 days past owner notification			

Item # <i>KB-1</i>	Item <i>PHOTO CD</i>	Brand Name		Storage Location	Disposition
	Brand/Model/Caliber (Further Description)				
	Action # <i>3</i>	Serial #	Where Found		
Owner's Name <i>LSO</i>					Address City State Zip Phone #
Owner Signature/Other remarks /additional information/ special instructions <i>#120</i>					Barcode goes here

Item #	Item	Brand Name		Storage Location	Disposition
	Brand/Model/Caliber (Further Description)				
	Action #	Serial #	Where Found		
Owner's Name					Address City State Zip Phone #
Owner Signature/Other remarks /additional information/ special instructions					Barcode goes here

Item #	Item	Brand Name		Storage Location	Disposition
	Brand/Model/Caliber (Further Description)				
	Action #	Serial #	Where Found		
Owner's Name					Address City State Zip Phone #
Owner Signature/Other remarks /additional information/ special instructions					Barcode goes here

Item #	Item	Brand Name		Storage Location	Disposition
	Brand/Model/Caliber (Further Description)				
	Action #	Serial #	Where Found		
Owner's Name					Address City State Zip Phone #
Owner Signature/Other remarks /additional information/ special instructions					Barcode goes here

Item #	Item	Brand Name		Storage Location	Disposition
	Brand/Model/Caliber (Further Description)				
	Action #	Serial #	Where Found		
Owner's Name					Address City State Zip Phone #
Owner Signature/Other remarks /additional information/ special instructions					Barcode goes here

Evidence Control Use Only:					
Received by Evidence:	NCIC/WACIC <input checked="" type="checkbox"/>	Date:	CAD/RMS Checked	ROUTING:	
Name: _____ # _____	NCIC/WACIC +	Date:	Owner Letter Sent:	White: Property Room	
Date: _____ Time: _____	NCIC/WACIC -	Date:	Owner Letter Sent:	Yellow: Case File	

LSPD
ORIGINAL